	PATEN	T APPLICAT Effe	ION FEE	DETERM	/IINAT 001	ION-REGO	RD-		09/98	801		
1		CLAIMS				<u> </u>	<i>Cf 7</i> s	MALL E		100		THAN
	TOTAL CLAIM	40	(Colun	nn 1)	(Col	umn 2)		YPE [OR	SMALL	
		10						RATE	FEE		RATE	FEE
	FOR		NUMBE	R FILED	NUM	BER EXTRA	В	ASIC FEE	370.00	OR	BASIC FEE	740.00
a.	TOTAL CHARG	EABLE CLAIMS	n	ninus 20=	*			X\$ 9=		OR	X\$18=	
	INDEPENDENT	CLAIMS		minus 3 =	*			X42=	}	OR		
	MULTIPLE DEP	ENDENT CLAIM	PRESENT				-	.140		1		
	* If the differen	ce in column 1 i	s less than :	zero, enter	"0" in	column 2	L	+140= 	·	OR		
I		CLAIMS AS						OTAL		JOR	TOTAL	<u> </u>
I,	Salah Sebesaran Person	(Column 1)		(Colun	nn 2)	(Column 3)	. 8	MALL E	ENTITY	OR	OTHER SMALL	
	Total Independent	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE
	Total	* 194	Minus	** 20	5	= Ø	7	K\$ 9=		ÓR	X\$18=	
	Independent		Minus	***		= 0	3	X42 <u>=</u>		OR	X84=	
┞	TINOT PRES	SENTATION OF M	IULTIPLE DE	:PENDENT	CLAIM			140=		OR	+280=	
	i .						<u> </u>	TOTAL			TOTAL	
NDMENT B	(Column 1) (Column 2) (Column 3)							OIT. FEE L	·	, ,	ADDIT. FEE	
		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA	F		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEÈ
Į	Total	*	Minus	**		=	×	\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	×	42=		OR	X84=	
L	MAST PRESE	ENTATION OF M	JUIPLE DEF	PENDENT	CLAIM			140=		ŀ	+280=	
i								TOTAL		OR	TOTAL	
		(Column 1)		(O-1)	- 0\	(O-1, 0)		IT. FEE L		OR A	DDIT. FEE	
0		CLAIMS		(Column HIGHES	ST	(Column 3)	_		ADDI-	Г	<u> </u>	A D D I
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIOU PAID FO	ISLY:	PRESENT EXTRA	R/		IONAL FEE		RATE	ADDI- TIONAL FEE
QN	Total	* .	Minus	**		=	X	9=		OR .	X\$18=	
AME	Independent	*	Minus	***		=	X	12=		一上	X84=	
<u> </u>	Tring! PHESE	NTATION OF MU	ILTIPLE DEP	ENDENT C	LAIM		-	40=		OR	+280=	
. ##	If the entry in colu	mn 1 is less than the	e entry in colur	nn 2, write *0	" in colu	mn 3.	L	TOTAL			+280≡ TOTAL	
, the	"If the "Highest Nu	mber Previously Pai mber Previously Pai	id For" IN THIS	S SPACE is le	ess than	3. enter "3."	ADDIT	r. FEE			ODIT. FEE 🖶	
	ingliest ianu	ber Previously Paid	ror (lotal or	riraebeugeut)	is the h	ignest number f	ound in	the appro	priate box in	n colur	nn 1.	

PATENT APPLICATION Effect	09	09/980062								
CLAIMS A	Golyan 1)	TYPE		OTHER THAN						
TOTAL CLAIMS	_ ·		AVI	E PEE	PEE		FEE			
FOR	MANGER FILED	NUMBER EXTRA	AASIC	POL	OA	BASIC PEZ	890			
TOTAL CHARGEABLE CLAIMS	SOUTHING SO-	185	X3 (-	OR	X\$18=	3330			
BIOEPENDENT CLAIMS	*/0 minus 3=	7	X42	X42.		X84=	588			
MULTIPLE DEPENDENT CLAIM P	RESENT		4140			+280-				
• If the difference in column 1 is	loss than zero, ente	TOT	u	OA	TOTAL	4801				
CLAIMS AS A	MENDED - PAR			•	OTHER					
(Column 1)	(Coty	SNA	LLENTTY	OR	SMALL	EKMIY				
CLARS REMARKS AFTER AFTER AMENDMENT	HIGH MENA MID	BER PRESENT DUSLY EXTRA	PAT	ADDI- E TIONAL FEE		RATE	ADOI- TIONAL FEE			
Total • / G Independent • //		205	X\$ 0		OR	X\$18=				
independent o //		/0 - /	X42		OR	X84=	PEUD			
FIRST PRESENTATION OF AM	JUTIPLE DEPENDENT	THE DEPENDENT CLAM			OR	+280÷	·			
. •		ADCITE P	4		TOTAL ADOIT FEE	*				
(Column 1)	(Colur	m 2) (Ookumn 3		•	•					
CANGO COMPANY	A SECOND	SER PRESENT		ADOI-			ADD4			
AFTER AMENDMENT	FRENC		RATI	TIONAL		RATE '	TIONAL PÉE			
The same of the sa	140mm - 2	258	, <u>X5</u> 9		OR	-ज़ा र -				
FIRST PRESENTATION OF M	Minus en	1 8	X42	•	OR	X84=				
THREE PRESENTATION OF M	MITTE NO ENDO	~~ <u> </u>	+140		OR	+280=				
			ADDITE	2	OR	ADDIT FEE				
(Column 1)	(Colui	mn 2) (Column 3								
CAMS	183	211	1	ADOI-			ADDI-			
U REMAINNO E AFTER AMENDMENT	MUM PRIEMI PAID		RATI		TIONAL		TIONAL			
Total • 0.4		05 ·B	X59		OR	X\$18=	1			
independent •	Minus	, Ø	X42		OR	X84-				
PARST PRESENTATION OF ME	ATPLE DEPENDEN	J			+290-					
* If the entry in column 1 is less than i	he arty is column 2, with	+140		RO	10174	-				
or the Nighest Number Provincialy Palls for NI THES SPACE is 1868 than 51 of the "ADVE FEE ADDRESSES										
The "Righted Number Providings Paid For" (Buttl or Indep adent) to the highted number found in the appropriate box in column 7. The "Right of Number Providings Paid For" (Buttl or Indep adent) to the highted number found in the appropriate box in column 7.										

Application or Docket Number